



STATE OF NEW JERSEY  
PUBLIC EMPLOYMENT RELATIONS COMMISSION  
PO Box 429  
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery  
495 West State St.  
Trenton, NJ 08618

REQUEST FOR SUBMISSION OF  
A PANEL OF ARBITRATORS

<b>INSTRUCTIONS:</b> File an original and 4 copies of this request with the Commission, together with a copy of the arbitration provisions of the parties' agreement. If more space is required for any item, attach additional sheets, numbering items accordingly.		<b>DO NOT WRITE IN THIS SPACE</b>	
		<b>DOCKET NO.</b>	
		<b>DATE FILED:</b>	
As of the date of this request the public employer and the certified or recognized employee organization have failed to achieve an agreement concerning the grievance noted herein. It is requested that an arbitrator be appointed in accordance with the Commission's Rules and Regulations.			
<b>1. PUBLIC EMPLOYER</b>			
Full Name:		County:	
Address of Employer (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Public Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
<b>2. EXCLUSIVE REPRESENTATIVE</b>			
Full Name:			
Address of Exclusive Representative (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Exclusive Representative (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
<b>3. IS THIS A JOINT REQUEST?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. STATEMENT IDENTIFYING GRIEVANCE(S) TO BE ARBITRATED:</b>			
<b>5. CERTIFICATION</b> <i>(A copy of the arbitration provisions of the parties agreement must accompany this request. N.J.A.C. 19:12-5.2)</i>			
I (we) declare that I (we) have read the above request and that the information is true to the best of my (our) knowledge and belief.			
_____ <b>Requesting Party and Affiliation, If Any</b>		_____ <b>Requesting Party and Affiliation, If Any</b>	
By _____ (Signature of Representative)                      (Title)		By _____ (Signature of Representative)                      (Title)	
Date _____		Date _____	